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ABSTRACT

Reported are the proceedings, immediate results, and recommendations of a national workshop series designed to disseminate information on communication intervention techniques for the nonvocal severely handicapped child. Provided is information on the locations, dates, and presentors for the workshops; workshop content; preparation of the resource book; and workshop participants. Findings of the workshop are summarized, and recommendations in five major areas (such as assessment techniques) are outlined. Appendixes include a list of workshop participants, pre- and post-workshop evaluation questionnaires and responses, and the participant resource book. (SBH)

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Final Report

Project No. H0699SS

Grant No. OEG-0-74-3321

NATIONAL WORKSHOP SERIES ON NON-VOCAL COMMUNICATION TECHNIQUES AND AIDS

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February 19, 1976

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FC/01/06

ABSTRACT

Communication is the basis of much of the educational, social and emotional development of a human being. As early as one month, normal children are already beginning to develop communication modes. For the non-vocal physically handicapped child, a lack of communication places a severe strain on their total development. It has been stated by many clinicians that a lack of communication is the most disabling condition these children must cope with.

Techniques are known which can aid the non-vocal child and enable him to participate in activities previously closed to him, such as education. A major problem in utilizing these techniques and aids is a lack of information on the clinical and educational levels.

To alleviate this problem, a National Workshop Series on non-vocal communication techniques and aids (OEG-0-74-3321) was held in Spring, 1975. One hundred and forty-seven clinicians and educators from the United States and Canada attended three-day workshops in Chicago, Boston and Los Angeles.

As a result of the workshops, sixty-one participants have developed or substantially modified precedures or programs. Forty-four are using non-vocal communication aids and techniques presented at the workshops with some of their patients. Particular emphasis is being placed on Bliss Symbols and communication boards.

Seventeen participants have instituted in-services, training programs or study groups. Two participants from Vermont conducted a statewide workshop in January, 1976. In California a group of 21 workshop participants are meeting regularly as a "Self Help Communication Group" to share experiences and new information.

In addition, many requests have been received for additional information on non-vocal communication techniques and aids from participants and non-participants alike. Non-participants have expressed strong interest in the Resource Book used at the workshop and have been advised that the Proceedings of the workshop series will be available in Spring, 1976.

The most satisfying result of the workshop series was that an overwhelming majority of participants indicated that they had gained sufficient knowledge about non-vocal communication techniques and aids to act as resource people and teachers in demonstrating the aids, setting up communication programs for non-vocal children and implementing in-service training programs.

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SECTION ONE

Introduction

I. Introduction

Much of the educational, emotional and social development of a child is based upon the ability to communicate with other people and integrate thoughts, opinions, ideas and facts. Communication is not a one-way process. It requires feedback from all parties to make it effective.

For a child with normal and adequate modes of communication, development begins at an early age. By the end of the first month of life, most children are producing differentiated vocalizations, enabling others to tell if the child is wet, hungry and so on. A primitive form of communication, but an important first step. At twelve months the normal child usually has a vocabulary of three words, which expands to about two hundred words at twenty-four months.

Non-vocal severely handicapped children do not follow the normal pattern of communication development. Many have respiratory and neuromuscular problems which hamper speech development and the production of intelligible speech. By the time the NVSH child reaches the classroom he has been relegated, in many cases, to a role of passive observance except for short periods where one-to-one attention is available. He cannot participate in class discussions, ask questions or provide verbal feedback. If this same child cannot write, he is even more severely disadvantaged.

The inability to communicate is one of the handicapped child's most severe disabilities. Many different techniques have been developed or discovered by special educators to provide modes of communication for non-vocal children. Communication boards using pictures, letters and words have helped children who have some pointing skills. Scanning techniques using word lists or picture cards have been used with the more severely handicapped. For still other types of handicaps, encoding schemes have proven most efficient.

These techniques have been passed onto other teachers and therapists mostly by word of mouth. Some clinicians hear about letterboards in their training, but this is the only technique commonly mentioned in formal training. Even letterboards are not discussed in very much detail, and therapists usually must start from scratch when they are faced with such children. Very little has been published in this area.

Non-vocal communication techniques are not being taught to clinicians and teachers at the professional training level because information has not been made available to instructors

of higher education. Because most of the techniques are developed by teachers and clinicians, and spread by word of mouth, these techniques are seldom formally written and published in professional journals. Whenever they are, the techniques are usually utilized by educators who incorporate them into their curricula. Such has been the case with communication boards. Other techniques however have not fared so well, and little formal information has reached the educational level.

One of the problems which has contrained the development and dissemination of these techniques is that they are not in the domain of any one discipline. The communication and language aspects come under speech pathology or communicative disorders. Letterboard construction and use comes under occupational therapy. Most of the use of the communication aid would be in the classroom or at home, involving a teacher. If a technical aid is used, an engineer may also be involved.

Because the development of communication aids and techniques involves many different disciplines, each requiring different specialties, no one course of study seems directly responsible or appropriate, hampering the development and application of communication aids still further.

In order to facilitate the dissemination of information on non-vocal techniques and aids, it was felt that materials should be prepared and made available to the appropriate instructors of clinicians and teachers in educational programs. Since this training would have to involve "hands on" experience, it was decided that workshops would provide the best vehicle for the program.

In February, 1974, a National Workshop Series on non-vocal communication techniques and aids was proposed to the Bureau for the Educational of the Handicapped (Office of Education) for the purpose of disseminating information on communication intervention techniques for the non-vocal severely handicapped child. This report documents the Workshop Series, some of the immediate results and recommendations for future action in this area.

SECTION TWO

National Workshop Series

II. National Workshop Series

A. Locations, Dates, Presentors

The first workshop was held in Chicago on February 27, 28 and March 1, 1975, with the cooperation of the Rehabilitation Institute of Chicago and Northwestern University Medical School. Dr. Donald Olson, Director of Training and Dr. Harriet Gillette, Director of Pediatric Rehabilitation, acted as liaisons and local coordinators.

A second workshop was held in Boston on April 3, 4 and 5, 1975 in cooperation with the Rehabilitation Institute of the New England Medical Center Hospital. Mr. Richard Foulds, Director of the Biomedical Engineering Center, served as liaison and local coordinator.

The third, and last, workshop of the series was held in Los Angeles on April 17, 18 and 19, 1975 immediately prior to the Council for Exceptional Children Convention.

Information was presented by four people at all workshops: Dr. Eugene T. McDonald, Mrs. Shirley McNaughton, Mr. Gregg C. Vanderheiden and Ms. Deberah Harris-Vanderheiden.

Dr. Eugene T. McDonald, Research Professor of Speech Pathology at Pennsylvania State University, is active in two clinical programs directed toward non-vocal children. An author of articles and books on cerebral palsied children, Dr. McDonald has also published material on communication board intervention programs.

Mrs. Shirley McNaughton, Director of the Symbol Communication Research Program at the Ontario Crippled Children's Centre, is one of the pioneers in using Bliss Symbols as an alternate communication system with non-vocal children.

Mr. Gregg C. Vanderheiden, Director of the Trace Center, has done extensive work in the design of communication aids for non-vocal physically handicapped. He has also co-authored the first summary documentation on non-vocal communication techniques developed around the world.

Ms. Deberah Harris-Vanderheiden, Director of Communication Research and Evaluation at the Trace Center, has established a program using Bliss Symbols with non-vocal mentally retarded children at Central Wisconsin Colony in Madison, Wisconsin. She also directs the aids' evaluation and language research programs at the Trace Center.

B. Workshop Content

The following topics were presented at each workshop:

Early Identification and Entry Skills
(Dr. McDonald)

Non-Vocal Communication Approaches
(Mr. Vanderheiden)

Practical Demonstration of Aids
(Mr. Vanderheiden)

Conventional Symbols of English
(Dr. McDonald)

Bliss Symbols
(Mrs. McNaughton)

Selection of Aids
(Mr. Vanderheiden)

Developing Communication Boards
(Dr. McDonald)

Description of Symbol Communication Programs with MR
(Ms. Harris-Vanderheiden)

Description of Bliss Symbol Programs in America
(Mrs. McNaughton)

Developing Assessment Measures
(Ms. Harris-Vanderheiden, Mrs. McNaughton, Dr. McDonald)

Figure 1 is the agenda for the Los Angeles Workshop. Agendas for Chicago and Boston were very similar.

The program began with an introduction to the problem as it was to be treated during the workshop. Different approaches for providing non-vocal communication were presented one by one, and the characteristics of each approach were examined in depth along with advantages and disadvantages. Communication techniques utilizing the various approaches under study were described, demonstrated and discussed. Methods of implementing and augmenting these techniques, through use of simple aids, were described in conjunction with instructions for fabricating simple aids. More advanced aids which can accelerate or provide independent communication were also presented. Many aids of each major type--scanning, encoding, direct selection--were demonstrated and used by the participants.

WORKSHOP SCHEDULE

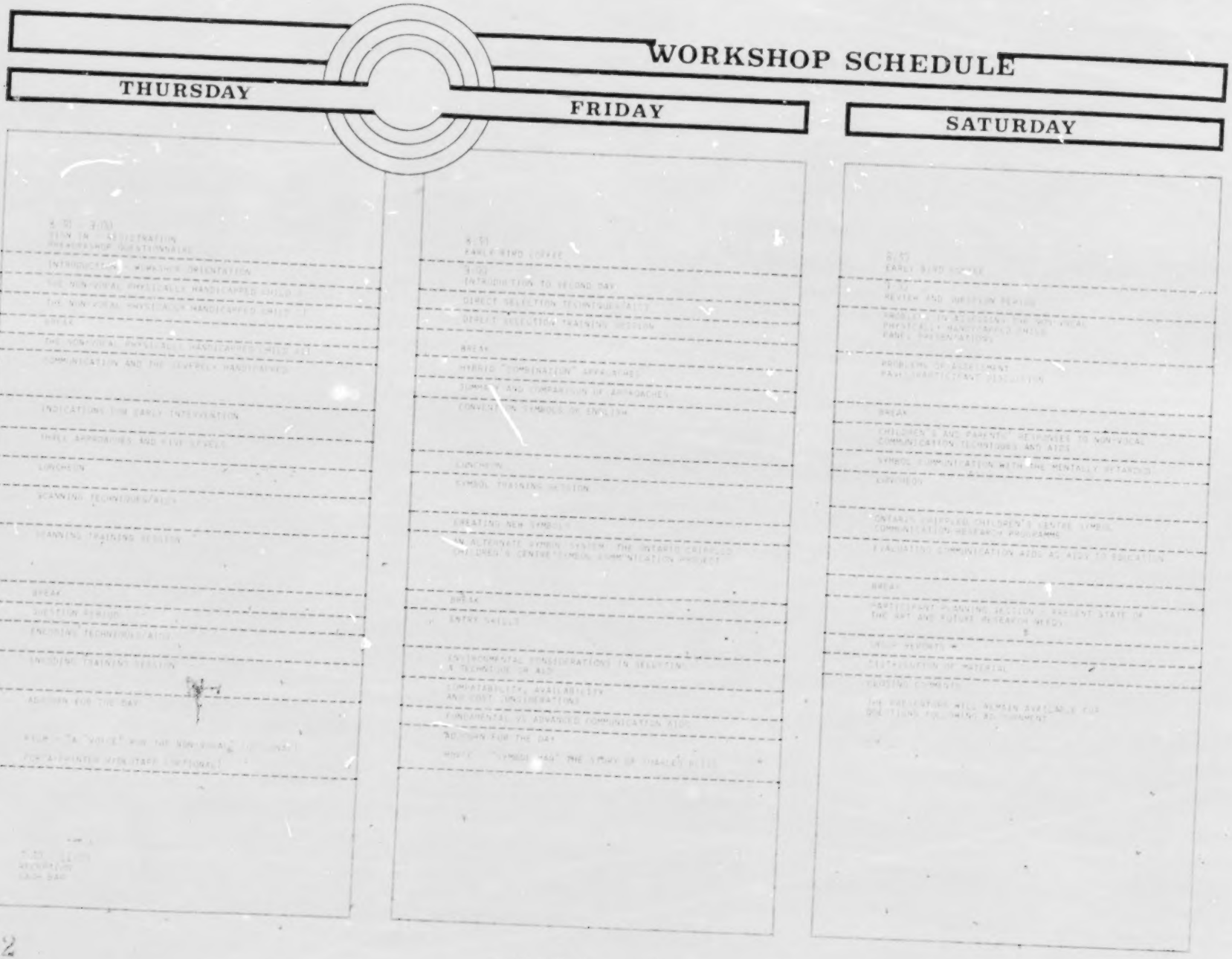


FIGURE 1.

Films and videotapes of children using the aids were shown to further illustrate function and use. A survey of communication aids was presented, accompanied by a description of the features, advantages and disadvantages of each aid.

The program included a substantial segment on required entry skills and consideration of language development, symbol systems and early intervention. An emphasis was placed on language symbol systems because of the striking success of alternatives such as Bliss Symbols in providing non-reading children with effective communication. English orthography was also discussed, with consideration being given to advantages and disadvantages in comparison to other approaches.

Because of the wide use of communication boards, and the ease with which these boards can be developed, a portion of the workshop was devoted to this topic. Participants were shown basic boards and arrangements of material for specific individuals with varying disabilities.

The participants were familiarized with the current state of the art and had an opportunity to review and make contributions to a paper on this topic. Following a discussion of research activities and service program needs, priorities were selected through nominal grouping techniques.

The topic of assessment was introduced in response to participant request at the Chicago workshop and was again included in the program in Boston and Los Angeles. Since this is a relatively new field and little is available for assessment of non-vocal children, the topic was treated as a panel discussion.

C. Resource Book and Proceedings

A major effort in preparing for the workshop was the creation of a Resource Book. The multi-purpose book was given to each participant and contained an outline of the presentations, reproductions of key visual aids and copious space for notes. The appendices included bibliographies of communication aids and techniques, researchers and institutions in the field, and information on Bliss Symbols and the Ontario Symbols project. A copy of the Resource Book is included with this report as Appendix E.

In answer to many requests received from non-participants both for copies of the Resource Book and for additional workshops, it was felt that the proceedings of the Workshop Series would prove valuable in disseminating information. Tapes were

made of all presentations and the manuscript is being edited for publication by University Park Press in Spring, 1976. A copy of the proceedings will be forwarded to BEH upon publication.

D. Workshop Participants

One hundred forty-seven participants--Chicago, 50; Boston, 52; Los Angeles, 45--were selected from over 400 applicants. Applications were solicited through announcements in professional journals and newsletters, direct mailings and to a limited extent, personal contacts. A complete list of participants is included in Appendix A.

The participants were selected primarily to act as further disseminators of information on non-vocal communication aids and techniques and as resource people in their geographic areas. They were chosen to reflect the various professions involved with the non-vocal severely handicapped--educators, clinicians and therapists--to represent a variety of geographic areas and to provide a balance of academic and clinical perspectives. Figure 2 is a map showing the number of participants from each state and Canadian province.

A list of 45 participants were selected at random--based on geographic distribution and knowledge of the field--and included as resource personnel in a handout prepared for distribution at the AASHA Convention in Washington, D. C. in November, 1975. (See Figure 3.) Recipients of the handout were encouraged to contact the people in their area for further information on non-vocal communication aids and techniques.

Figure 2. Distribution of Phase One (1975) Workshop Participants by States.

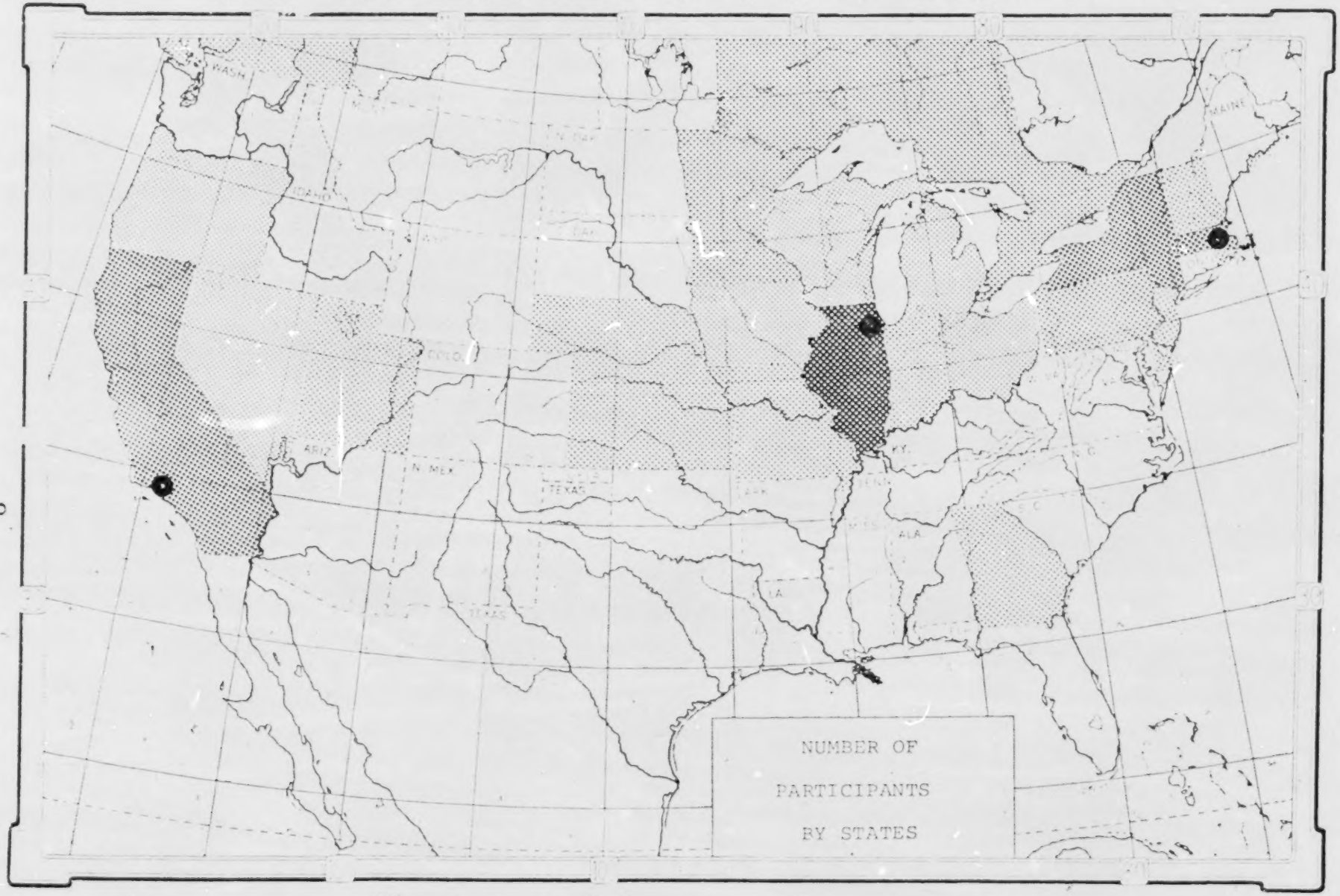
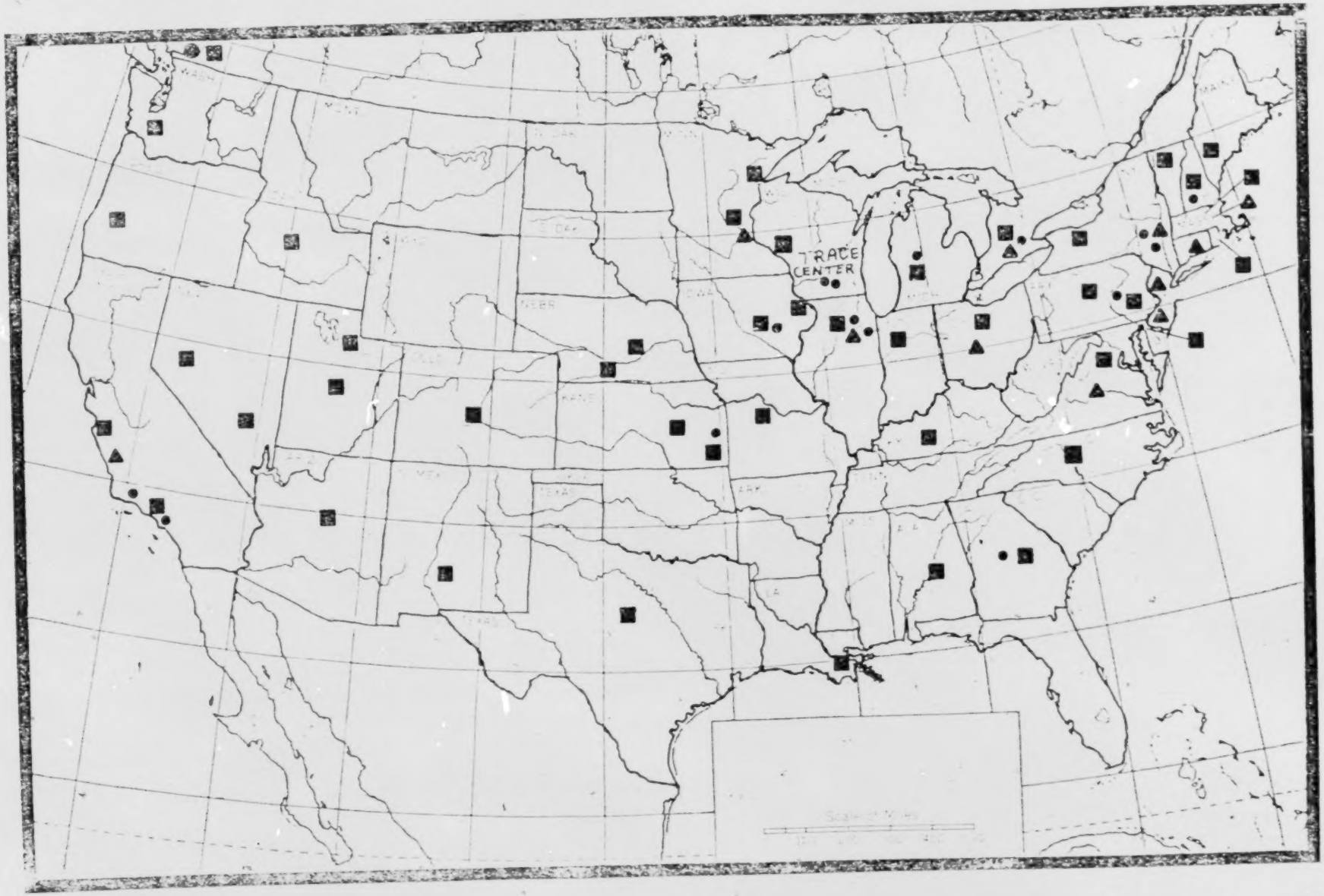


Figure 3.

Centers/Individuals Developing or Using Non-Vocal Communication Aids & Techniques



Key

▲ centers/individuals working on development of aids

● centers/individuals applying non-vocal aids & techniques

■ resource personnel (have attended 1975 National Workshop Series)

▲ Centers and Individuals Working on Development of Aids

AA-MED, Inc. (PMV Systems)
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Hampton, Virginia 23665

National Research Council
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Ottawa, Canada
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R.D. #2, Box 191
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216/567-2906

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1440 - 29th Avenue
Oakland, Calif 94601

Trace Center (write here for
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922 TRB, 1500 Johnson Dr.
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17 East 18th Street
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SECTION THREE

Evaluations

III. Participant Evaluations

A. Prior to the Workshop

A questionnaire was sent to all participants prior to the workshop to determine current awareness of non-vocal communication aids and techniques, along with data relating to experience in the field and work with non-vocal children. See Appendix B for a copy of the questionnaire and a tabulation of responses.

Prior to the Workshop very few of the participants were familiar with any of the techniques and aids which had been developed. The one having the most exposure at that time was the simple typewriter keyboard guard, having been used by 34 respondents. The next most familiar--the C/R/I Cybercom--was known to only 12 of the 133 participants responding to the preworkshop query.

Preworkshop evaluations indicated that the participants had tried to obtain information, but with little success. Only one participant listed a professional training (university) curriculum as the best source for information. Most participants rated their own investigation and contact with other professionals as the best source of information.

This questionnaire was designed to solicit information about the case load and previous experiences of the participants. Figure 4 illustrates the response to the question "Approximately what percentage of your clinical case load involves non-vocal children?" The responses were evenly distributed among the percentages, but clustered somewhat at the low end (between 0% and 50%). This would indicate that most of the participants work with children who have other problems and are vocal. It would also suggest that the time which the clinicians can devote to non-vocal children in general or individually would be limited.

Figure 5 reflects the response to the question "Of your non-vocal children, about what percentage are physically handicapped or non-ambulatory?" Over one-third of the respondents indicated that 100% of their children were physically handicapped or non-ambulatory. This would imply that these children require extra care and attendance aside from educational or therapeutic efforts, and that aids and techniques which would save time or simplify other problems would be favorably received.

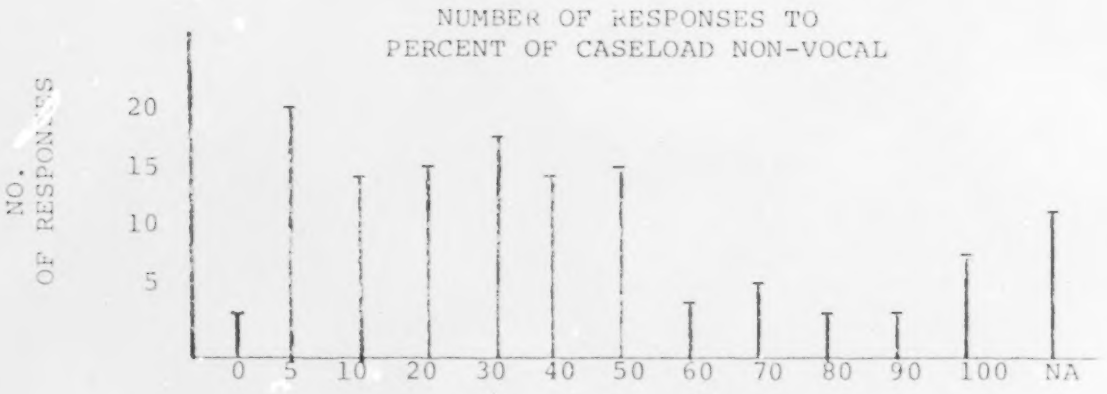

FIGURE 4.

Percentage of caseload clustered at low end but distribution is somewhat even.

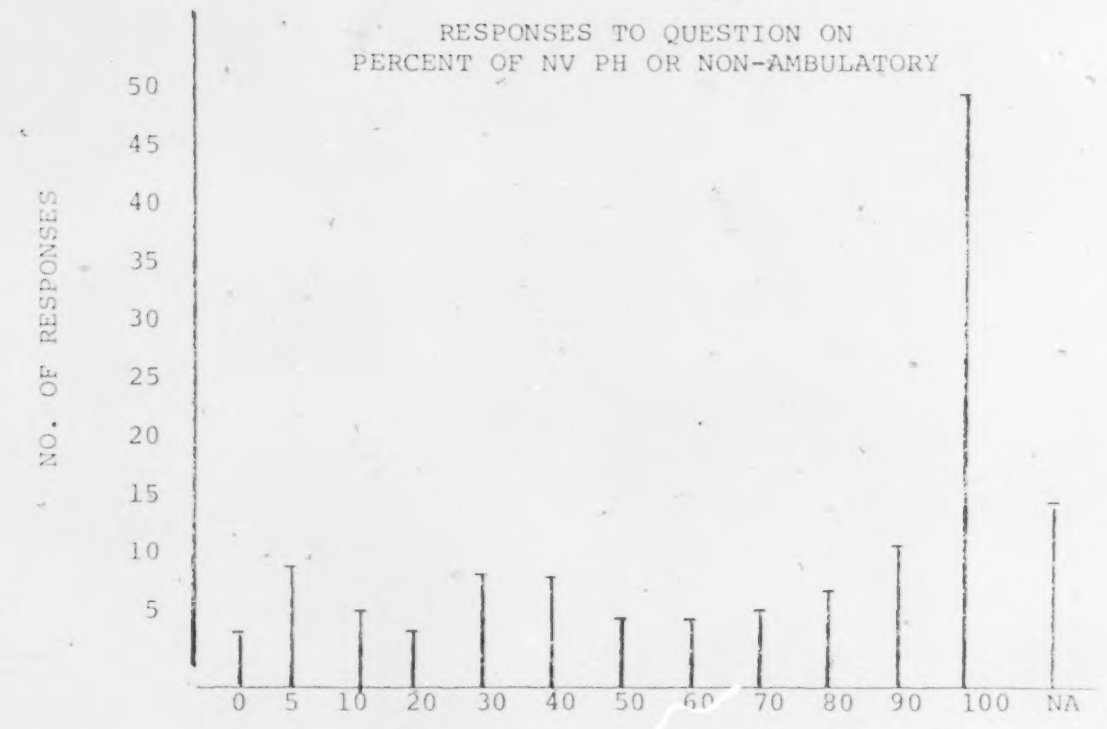

FIGURE 5.

Figure 6 shows the response to the question "Of your non-vocal children, what percentage are physically and mentally handicapped?" The results do not indicate a clear pattern, although about 22.5% of the respondents service a multi-handicapped population. Therefore, aids and techniques must be flexible and adaptable for a wide range of physical and mental handicaps.

B. Evaluation Immediately Following the Workshop

At the end of each workshop, participants were asked to complete a second questionnaire as a means of workshop evaluation. Seventy-five of the 147 participants completed and returned these questionnaires. A copy of the questionnaire and tabulation of responses can be found in Appendix C.

The respondents' expectations of the workshops were generally similar. Most mentioned learning about communication aids and their use. Some mentioned items of interest beyond the stated objectives of the program. These interests were focused on specific non-vocal populations--which were not always touched on during the workshop, but were known to be beyond the workshop scope.

Seventy-three participants felt the workshop was very well organized. Many said it was the best workshop they had ever attended. The most requested improvement was in the area of advance reading and schedule information. The only other suggestion mentioned by more than five participants was for more discussion time.

The answers to a five-part question on application of workshop information indicated that an overwhelming majority of the respondents gained sufficient knowledge to act as resource people and teachers in demonstrating the aids, setting up communication programs for non-vocal children and implementing in-service training programs. A few conditional responses were given, citing material review, practice with the aids and more experience as reasons.

Over one-third of the respondents indicated Bliss Symbols as the topic they enjoyed most. Nine participants said that the introductory material on language development was the topic they enjoyed least, while nine others said it was the one they enjoyed the most. These responses came from participants with either extensive language training or none at all. A suggestion for future programs would be to divide the group into two sections and present beginning and advanced material.

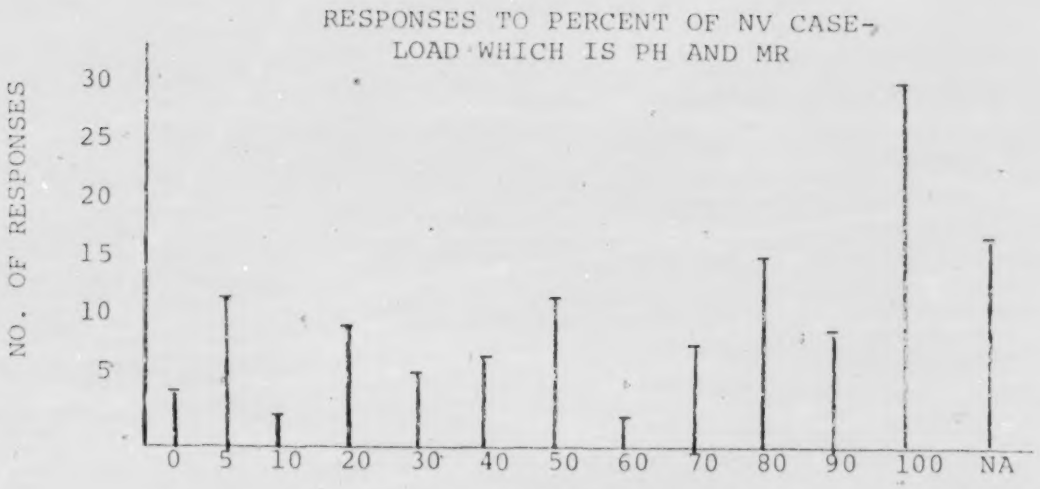
RESPONSES TO PERCENT OF NV CASE-
LOAD WHICH IS PH AND MR
NO. OF RESPONSES
30
25
20
15
10
5
0
5
10
20
30
40
50
60
70
80
90
100
NA

FIGURE 6.

The 0 to 3 population and counseling parents were the two topics listed most often for inclusion in future workshops.

C. Post Workshop Evaluation

In December, 1975--approximately 8 to 9 months after the workshop--all participants were sent a final questionnaire. Seventy-eight responded. A copy of the questionnaire and tabulated results can be found in Appendix D.

Regarding information presented at the workshop which had proven most valuable in their work, 47 favored non-vocal communication approaches, 36 said practical demonstration of aids, and 34 checked developing communication boards. In many cases, more than one topic was listed as being most valuable.

Sixty-one respondents indicated they had developed or substantially modified procedures or programs after attending the workshop. Forty-four were using non-vocal communication aids and techniques presented at the workshop with some of their patients. Particular emphasis is being placed on Bliss Symbols and communication boards.

Seventeen participants have instituted in-services, training programs or study groups. Two participants from Vermont conducted a statewide workshop in January. In California a group of 21 workshop participants are meeting regularly as a "Self Help Communication Group" to share experiences and new information.

In response to the question "What supplemental information would be most helpful to you?" 10 wanted more information on new communication systems, 8 asked for a newsletter, 8 others wanted more information on aids for the mentally retarded, and 5 were interested in more information on simple communication systems. Five other participants wanted funding information. Follow-up workshops, more on early intervention and identification, and additional data on infant and pre-school children were among other topics requested.

IV. Recommendations

Workshop participants were asked to help set priorities for research needs in development and dissemination of non-vocal communication aids and techniques. Through nominal grouping sessions held at the end of each workshop several priorities were established.

At the Chicago workshop three questions were asked:

1. What do you see as the highest priorities in the area of communication alternatives for non-vocal individuals?

2. What do you see as the greatest research needs at the present time in the area of development and dissemination of non-vocal communication aids and techniques?

3. What do you see as the greatest service or program needs in the area of communication for the non-vocal severely handicapped?

The procedure was changed for the Boston and Los Angeles workshops. In order to better utilize the time, only one question was asked: "What do you see as the greatest research needs at the present time in the area of development and dissemination of non-vocal communication aids and techniques?"

Under each major area are more specific recommendations that were made through the nominal grouping discussions. They are listed in order of preference.

Question A (Boston and Los Angeles) and question 1 from Chicago received similar responses and are summarized together. Responses were concentrated into five major areas.

1. Centralized, national information dissemination

-a research co-ordination section
-various publications (newsletters, etc.)
-a data bank
-a consulting section, bringing engineers and field personnel together
-a public relations section
-workshops

2. Assessment techniques

-identify the non-vocal child
-determine if non-vocal communication aids help or hinder speech development
-determine the cognitive differences in vocal/non-vocal children
-identify the non-vocal population

3. Continued aid development

-specific aids for specific populations (infants and pre-schoolers, mentally retarded, multiple handicapped)
-increased availability through commercial production
-simplicity in construction and use
-low cost
-an aid maintenance program

4. Funding

-how to find it
-how to develop more governmental funding

5. Education

-professionals through college level courses/programs
-non-vocal child's parents through counseling sessions
-general population through public relations

Question 2 (Chicago - "What do you see as the greatest research needs at the present time in the area of development and dissemination of non-vocal communication techniques and aids?") elicited five major responses.

1. Develop a system for early learning, include training methods for implementing aids.

2. Determine if non-vocal communication abilities are "employable".

3. Determine the effects of non-vocal aids.

4. Develop aids for the non-visual/non-vocal.

5. Research the effects of early versus late diagnosis of the non-vocal child.

Question 3 (Chicago - "What do you see as the greatest service or program needs in the area of communication for the non-vocal severely handicapped?") generated responses in five major areas.

1. Training professionals.
2. Provide a parent counseling service.
3. Identify the non-vocal population.
4. Develop better non-vocal testing procedures.
5. Develop a government-funding program.

Summary of Priorities for the Future

The highest overall priority identified was for further information dissemination on non-vocal techniques and aids. As mentioned earlier in this report, the proceedings of the Workshop Series will be published in Spring, 1976. In addition, a State of the Art paper will also be published about the same time. Together these publications will help to fill the current informational void.

A specific information medium for which need was explicitly expressed however is a newsletter to keep clinicians and educators abreast of developments and trends. The Proceedings and State of the Art paper will help greatly, but an ongoing effort is needed. A quarterly newsletter containing information on all aspects of non-vocal communication and directed to interdisciplinary efforts was highly recommended by the participants.

Continuing professional inservice education was rated as a high priority. Seventeen participants have conducted (or have plans for the near future) workshops and in-service programs.

Based upon participant feedback and letters from non-participants, additional National Workshops are also needed, particularly in the Northwest and Southeast where information and resource personnel familiar with this topic are thin. Participation from these two areas in the National Workshop Series was minimal, perhaps due to the workshop locations. Future workshops in Atlanta and Denver might alleviate this problem. A newsletter would help to bridge the gap in areas where many clinics are virtually isolated.

SECTION FIVE

Summary

V. Summary

Prior to the National Workshop Series many clinicians and educators were unaware of the vast amount of work that had been done in the field of non-vocal communication.

The workshops provided an opportunity to learn about new techniques and aids and to share information on existing programs. Information is now available on a national level from workshop participants who are serving as resource personnel. Many participants have utilized the information presented at the workshops in their own clinics and service programs and are continuing to share information on an informal basis.

Because of the enthusiastic response to the National Workshop Series, it is felt that this program is just a beginning and that an ongoing information dissemination effort is needed to advance the work in this new, but rapidly growing, field.

APPENDICES

APPENDIX A

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APPENDIX B

PRE-WORKSHOP QUESTIONNAIRE

Welcome to the 1975 National Workshop on Non-Vocal Communication Techniques and Aids. Before the workshop begins, we would like to have you answer a few short questions concerning topics which will be discussed during the next few days. Please respond to the questions by marking the appropriate squares, or writing brief answers.

Communication Aids

Please check the square which most accurately reflects your familiarity with the following communication aids:

Aid	Have Not Heard Of It	Have Heard Of It	Have Seen It Used	Have Used It	Comments
Auto-Com	64	45	15	9	
Centre Industries Clock-face Selector	107	19	4		
Centre Industries Code Operated Selector	115	12		1	
C/R/I Cyber-Com Aid	78	28	15	12	
ETRAN Chart-Eye Encoding Letterboard	145	30	5		
ETRAN II	107	9	1		
Hengrove Puff-Suck Typewriter	78	48	8	2	
IBM Keyboard Guarded Typewriter	26	49	27	34	
MC-6400	118	7	1		
Myo-Com	110	12	5		

Aid	Have Not Heard Of It	Have Heard Of It	Have Seen It Used	Have Used It	Comments
Patient Operated Selector Mechanism (POSM or POSSUM)	69	31	14	8	
PILOT	105	15	3	1	
PMV-Special Typewriter Controls	99	20	7	6	
Porta-Printer	95	26	5	2	
Ranchos Los Amigos Auditory Morse Code Aid	98	30	6		
Roto-Com	105	20	4	1	
System 8	108	17			
TIC, Tufts Interactive Communicator	86	27	2	3	
VISTA	90	20	4	2	
System 80	1	2	3	4	

Please list any other aids which you are familiar with:

System 80 was not on the original list.

Non-Vocal Communication Techniques

Please indicate whether or not you are familiar with, or have been exposed to, the following techniques. (If you have used any of these, please explain how you used them in the space provided at the end).

(see chart on following page)

Technique	I Am Not Familiar With This	I Am Familiar With This	I Have Used This	Comments
Use of Communication Board	7	44	86	
Two Number Encoding Techniques	76	26	18	
Bliss Symbols	61	42	11	
Other Symbol Systems (Please name and describe)	43	14	13	
Scanning Techniques	57	40	19	
Direct Selection Techniques	60	32	22	

Explanation of above techniques which I have used:

Very little information was provided in answer to this question.

Securing Information

What has been the best source of information which you have been able to tap, concerning the development or application of non-vocal communication techniques or aids? (Please rate them from 1 to 3, with one [1] as the best).

A. My formal training
   Degree_____
   University_____
   Coursework_____

B. In the field and through my work and contact with others

C. Self taught through clinical experience

D. Other (please explain).

(see chart on following page)

	1	2	3
A	7	14	63
B	93	23	4
C	21	60	17
D	8	7	7

How had you attempted to secure information on non-vocal communication techniques and aids prior to this workshop? Were these attempts successful? (please explain).

See report text for details.

Application of Workshop Information

At this point, how do you anticipate you will apply the information and training you expect to receive from this workshop?

The responses to this question were for use by the presentors in familiarizing themselves with the participants. The answers were not summarized. The related section of the postworkshop evaluation is more informative.

Approximately what percentage of your clinic caseload involves non-vocal children? (please circle).

0	5	10	20	30	40	50	60	70	80	90	100%	NA
2	20	14	15	18	14	15	3	5	3	3	8	11

Of your non-vocal children, about what percentage are physically handicapped or non-ambulatory? (please circle).

0	5	10	20	30	40	50	60	70	80	90	100%	NA
3	*9*	*6*	*3*	*7*	*7*	*5*	*4*	*5*	*6*	*11*	*50*	*14*

Of your non-vocal children, about what percentage are physically and mentally handicapped? (please circle).

0	5	10	20	30	40	50	60	70	80	90	100%	NA
4	*11*	*2*	*8*	*5*	*6*	*12*	*1*	*8*	*15*	*9*	*30*	*17*

Approximately how many years have you been involved with non-vocal physically handicapped individuals?

6.9 years average for 124 respondents

0-5	6-10	11-20	20+
81	*20*	*13*	*10*

Please briefly explain what, specifically, you want to learn or gain from participation in this workshop.

Thank you. We are looking forward to working with you during the next three days. Please let us know if there is anything we can do to make this workshop more comfortable or rewarding for you.

APPENDIX C

1975 NATIONAL WORKSHOP SERIES
ON NON-VOCAL COMMUNICATION TECHNIQUES AND AIDS

WORKSHOP EVALUATION FORM

Position/Title:

Job Responsibilities:

1. What did you expect to learn through this Workshop? Did the Workshop provide you with this information?

See text report for answer to the first question. For the second question results were:

Yes	*In Part*	*No*
66	*6*	*0*

2. Did you feel that the Workshop was well organized? How could it have been better organized?

In answer to the first question

Yes	*No*
72	*2*

See text of report for responses to the second question.

3. Were the Workshop presentors well informed and articulate in their discussion? Were they receptive to discussion?

In response to first question

Yes	*No*
75	*0*

In response to second question

Yes	*No*	
74	*8*	*(all eight express that not enough time was allowed)*

4. Do you feel you have the abilities to:

a) Inform others of the availability of communication aids and techniques?

Yes	*No*	*Conditional Answer*
75	*0*	*0*

b) Operate these communication aids and techniques and demonstrate them to others?

56	*10*	*10*

c) Guide and direct an interdisciplinary team in the implementation of a communication program for non-vocal persons?

59	*5*	*12*

d) Form in-service training programs for clinicians, teachers and other professionals in your field?

65	*5*	*5*

e) Implement and continue research in this area and share this knowledge with others?

60	*6*	*9*

5. If the answer has been "no" to any one of these, please explain how you feel the Workshop could have better prepared you for this.

Answers most often given:	*No.*
a) Need to review Resourcebook	*13*
b) Need practice with aids	*25*
c) Need experience	*12*
d) Need experience	*6*
e) More clinically oriented	*9*

6. Which topic or discussion did you enjoy the most? The least?

Most	No.	Least	No.
Bliss Symbols	26	Time with aids (need more)	33
Everything (Dr. McDonald's Language Model)	13	Dr. McDonald's Language Model	9
The tools	9		

7. What topics do you feel should have been covered, but were left out?

Topic	No.
0-3 age child	7
Counseling parents	5
Nothing left out	34 (50% of response)

8. What is your overall impression of the Workshop? Please list suggestions and criticisms.

73 positive responses

0 negative responses

APPENDIX D

POST WORKSHOP QUESTIONNAIRE

Name: _____

Position/Title: _____

Job/Clinic Placement: _____

Address (if different from envelope): _____

On the Workshop . . .

1. The following general topics were presented:

A. Early Identification and Entry Skills
B. Non-Vocal Communication Approaches
C. Practical Demonstration of Aids
D. Bliss Symbol Program
E. Selection of Aids
F. Developing Communication Boards
G. Developing Assessment Measures
H. Description of Programs

(please check appropriate letters below)

a. What information have you found most valuable in your work?

18 A 47 B 30 C 31 D 22 E 34 F

14 G 11 H Comments: Many participants checked more than one topic.

b. What information could have been cut back?

9 A 5 B 3 C 17 D 2 E 2 F

3 G 6 H Comments:

c. Which areas should have been expanded?

14 A 13 B 8 C 4 D 11 E 19 F

5 G 7 H Comments:

2. What additional topics would have been valuable to you?

Answers listed on separate sheet.

3. Regarding the format . . .

a. Was the workshop 5 too long 64 about right 7 too short
b. Was the workshop 4 too slow 59 about right 12 too fast
c. Was the material 6 too broad 62 about right 4 too narrow
d. Was the material 8 too much 55 about right 12 too little

Pertaining to your programs . . .

4. Overall, how much effect would you say the Workshop has had on your approach and efforts?

(low) 1	2	3	4	5 (high)
1	10	14	29	17

5. Have you developed or substantially modified any procedures or programs based upon your attendance at the Workshop?

53 Yes (if yes, please describe briefly)

17 No (if no, do you have plans for a future program? Describe briefly)

6. What is the current status of your program? Future plans?

See body of report for details.

7. What supplemental information would be most helpful to you?

Answers listed on separate sheet.

8. How could the Workshop have better prepared you to develop or modify your programs?

Answers listed on separate sheet.

9. How would you rate the Workshop compared to others you have attended?

(low) 1	2	3	4	5 (high)
-	1	5	13	50

10. Comments:

Answers listed on separate sheet.

2. What additional topics would have been valuable to you?

-non-vocal communication for the retarded
-signing
-funding
-simple, non-electronic aids
-content development
-more on adults
-aids for children under 3
-future resource network
-positioning
-other project centers developing aids
-communication for other disabilities
-visually impaired non-vocal
-bibliographies for each topic presented
-actual work with non-vocal participants
-how to set up information centers
-programs throughout the country

7. What supplemental information would be most helpful to you?

-newsletter
-more on new non-vocal communication systems
-follow-up workshops
-funding
-simple aids
-information on individual programs
-early intervention and identification
-more on infant and pre-school
-more on aids for MR and other disabilities
-where aids are currently used
-vocabulary development studies

8. How could the workshop have better prepared you to develop or modify your program?

-actual construction of simple aids
-descriptive material prior to workshop
-more follow-up materials on programs
-more concentration on retarded children
-more on assessment
-more on vocabulary content and linguistic development
-more on funding sources
-more training in use of different aids

10. Comments:

-"The workshop was outstanding in analyzing and organizing techniques and defining needs."

-"Have never attended a workshop as good."

-"Will there be any more workshops?"

-"Very helpful to get ideas from other parts of the country and to receive support in developing programs."

-"The workshop was the best organized, well presented and most informative session I have ever attended. The resource book has become a "Bible" in the field and I've heard it mentioned at other workshops I've attended."